PART B - FEE(S) TRANSMITTAL

SEP 1 1 20	76 E		or <u>Fax</u>	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 x (571)-273-2885								
INSTRUCTIONS: This form fould be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate all further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unterproceed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee address.												
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmittal. This certificate cannot be used for any other accomps papers. Each additional paper, such as an assignment or formal drawing have its own certificate of mailing or transmission.												
NATIONAL CTR 1815 N. UNIVERS	FICE OF TECHNOR FOR AGRICULTURA SITY STREET			I hereby certify that the	rtificate of Mailing or Tran- nis Fee(s) Transmittal is bein with sufficient postage for fin 1 Stop ISSUE FEE address TO (571) 273-2885, on the	smission g deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.						
PEORIA, IL 61604				Randall E	(Depositor's name)							
				Milly		(Signature)						
•				September 7	7, 2006	(Date)						
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVE	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.						
* 10/659,509 09/10/2003 Ronald J. Nachman 0166.03 3643 TITLE OF INVENTION: MIMETIC INSECT ALLATOSTATIN ANALOGS FOR INSECT CONTROL												
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE						
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EXAM	INER	ART UN	іт с	LASS-SUBCLASS]							
BORIN, M	ICHAEL L	1631	_	514-064000								
☐ "Fee Address" indicat	lence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 John D. Fado 2 Randall E. Deck 3 Lesley Shaw									
(A) NAME OF ASSIGN The United St represented b	an assignee is identified be 37 CFR 3.11. Completion of EE cates of America by the Secretary	clow, no assignee of this form is NOT a, as of Agricu	data will appear on Fa substitute for filin (B) RESIDENCE: (Washington Ilture	the patent. If an assign g an assignment. [Record of the control o	COUNTRY)	document has been filed for 1689; 02/02/96]						
4a. The following fec(s) are enclosed: Solution Sec (No small entity discount permitted) Advance Order - # of Copies 4b. Payment of Fec(s): A check in the amount of the fec(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number												
5. Change in Entity Status												
	MALL ENTITY status. See is requested to apply the Issu ublication Fee (if required) v ords of the United States Pay		• • •		LL ENTITY status. See 37 C by paid issue fee to the applic istered attorney or agent; or t	ation identified above. the assignee or other party in						
Authorized Signature			Date <u>September 7, 2006</u>									
Typed or printed name _	RANDALL D. DEC		Registration No. 34,078									
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.												

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Application Number 10/659-509 Filing Date September 10, 2003 Septembe	Effective on 12/08/2004. Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known								
SEP 1.1 2006 First Name Inventor: Ronald J. Nachman Examiner Name M. Borin Antimity Geraviment 1700.00 Antomey Docket No. 0166.03 METHOD OF PAYMENT \$1700.00 Antomey Docket No. 0166.03 METHOD OF PAYMENT \$1700.00 Antomey Docket No. 0166.03 METHOD OF PAYMENT (check all that apply)				Application Number 10/659,50)9						
SEP 1.1 2006 First Named Inventor: Ronald J. Nachman Examiner Name M. Borin M.	T FEE TRANSMITTAL			Filing Date		September	r 10, 2003					
Anolicate/dams small entity status. See 37 CFR 1 27	CEP 1 1 2006 For FY 2006				First Named Inventor Ronald J. Nachman							
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None Other (please identify): □ □ Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments □ Credit any overpayment	SEP 1. May W				Examiner Name M. Borin							
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None Other (please identify): □ Deposit Account Deposit Account Number: 59-2132 Deposit Account Name: USDA-ARS-OTT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling fee □ Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1:16 and 1:17 □ WANNIG: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on Provides. □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge fee(s) indicated below, except for the filling fee □ Charge any additional fee(s) or underpayments of fee(s) □ Under 37 CFR 1:16 and 1:17 □ MANNIG: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on Provides and Information should not be included on this form. Provide credit card information and authorization on Provides and Information should not be included on this form. Provide credit card information and unthorization on Provides credit card information should not be included on this form. Provide credit card information and unthorization on Provides and Information should not be included on this form. Provide credit card information and Information on Provides and Information should not be included on this form. Provide credit card information and Information on Provides and Information should not be included on this form. Provide credit card information and Information on Provides and Information should not be included on this form. Provide credit card information and Information on Provides and Information and Inf	Applicate claims small entity status. See 37 CFR 1,27											
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Deposit Account Deposit Account Number: 50-2132 Deposit Account Name: USDA-ARS-OTT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all that apply)											
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	Name (Print/Type)	RANDALL E. DE	CK		, morrogragora	····		Date Septen	nber 7, 200)6		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chile information Correct and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22113-1450. DO NOT selection for the process of the complete the form, call 1-800-PTO-9199 and select opt